

PRIMARY CARE

HEALTH PROFESSIONAL UNDERSERVED AREAS REPORT

KANSAS 2004

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF LOCAL AND RURAL HEALTH



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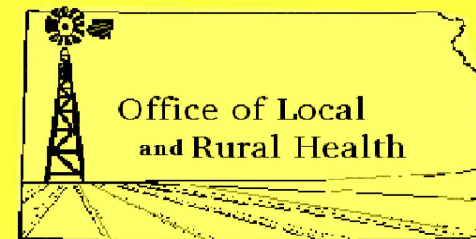
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TABLE OF CONTENTS

INTRODUCTION	1
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PART ONE: HEALTH CARE WORKFORCE SHORTAGE AREAS

FEDERAL PRIMARY CARE HPSA (HEALTH PROFESSIONAL SHORTAGE AREA)	6
FEDERAL DENTAL HPSAs (HEALTH PROFESSIONAL SHORTAGE AREA).....	8
FEDERAL MENTAL HEALTH HPSAs (HEALTH PROFESSIONAL SHORTAGE AREA)	10
STATE-DESIGNATED MEDICALLY UNDERSERVED AREAS	12
RURAL HEALTH CLINIC-ELIGIBLE AREAS.....	14
FEDERAL MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS.....	16
TABLE OF SHORTAGE DESIGNATIONS BY COUNTY	18

PART TWO WORKFORCE RECRUITMENT AND RETENTION PROGRAMS

BENEFITS OF RECEIVING SHORTAGE AREA DESIGNATION.....	22
STATE LOAN REPAYMENT PROGRAM OF KANSAS	23
J-1 VISA WAIVER PROGRAM	25
NATIONAL HEALTH SERVICE CORPS	26
URBAN-RURAL POPULATION DENSITY PEER GROUPS.....	28
HEALTH PROFESSIONAL SHORTAGE AREAS: RECRUITMENT RESOURCES	30

MAPS

PRIMARY CARE HPSAs	7
DENTAL HPSAs	9
MENTAL HEALTH HPSAs	11
KANSAS MEDICALLY UNDERSERVED AREAS (GOVERNOR DESIGNATED)	13
RURAL HEALTH CLINIC-ELIGIBLE AREAS	15
NATIONAL HEALTH SERVICE CORPS MAP OF CURRENT SERVICE LOCATIONS.....	27
POPULATION DENSITY PEER GROUP MAP	28

INTRODUCTION

In 1989, the KDHE Office of Local and Rural Health was established to assist communities in assuring access to primary and preventive health care services for all Kansans. Earliest recognition of the access problem focused on inadequate health care availability due to a shortage of primary care physicians in some areas of the state. Emphasis was placed on improvements in physician recruitment and retention. Additional primary care provider programs also trained new professionals such as nurse practitioners (ARNPs) and physician assistants (PAs). Although efforts were successful in increasing the total number of primary care providers available, the longstanding factors that contribute to provider shortages plus the new pressures of a changing health care marketplace perpetuate uneven distribution of these essential health professionals across the state.

Ongoing and consistent access to basic health care services continues to be a problem for too many Kansans. Too few providers and overworked provider practices are commonplace in sparsely populated counties. As a result, being "underserved" (too few providers for the residents of area) has come to be thought of as a predominantly rural problem. However, the inability to obtain needed primary health care and preventive services also affects uninsured Kansans in even the largest cities. In fact, individuals and families with economic barriers to health care are found in virtually all communities.

Since the mid-1960s the number of governmental programs have been designed to address these health care provider supply problems, including: state and federal scholarships, loan repayment or forgiveness programs, and federal agency sponsorship of international medical graduates in rural communities. Consistent in all of the programs designed to improve access to health care services since that time is the requirement that a service area (usually a county or city) must first be designated as "medically underserved" to receive benefits.

As in previous years, this annual report will provide data on the status of the state in regard to various types of health care provider shortage designation, specifically, it will:

1. Define each of the various federal and state underserved designations.
2. Explain the qualifying criteria for each.
3. Summarize the benefits to counties or individuals available with each designation.
4. Provide a contact name and number for each program.
5. Indicate which counties were qualified for each designation as of July, 2004.

In addition, this year's report provides much more detail on state and federal government programs, including several new programs at KDHE created in an effort to address the problems of health care professional supply and to improve health care access for all Kansans.

	HPSAs				
	Primary Care	Dental	Mental Health	RHC Eligible	
TOTAL # HPSAs	84	91	98	K-MUA for Gov Desig	Total # RHCs
Rural Health Clinics				49	98
# Low-Income Population HPSAs	53	51	1		
# Geographic HPSAs	26	36	95		

Growth in the number of federally-designated underserved areas represents a great deal of time and effort, but true achievement lies in the complete elimination of medical underserved areas in Kansas.

While some areas of the state show improvement in the availability of physician and other primary medical care services, a new area of concern is the existing dental professional shortage, financial accessibility problems for uninsured Kansans, and the need to recruit replacements for the many dentists nearing retirement age.

The Balanced Budget Act of 1997 brought sweeping changes to regulations affecting Rural Health Clinics. In short, new RHCs may now only be set up in areas with underserved designations that have been evaluated and renewed in the last three years. The 1998 Underserved Areas Report indicated that this would reduce the number of eligible areas for new RHCs from virtually all of non-urban Kansas to a total of 30 whole counties and 3 partial counties. In order to preserve the ability to create and retain RHCs in Kansas, the Office of Local and Rural Health embarked on a project to examine each county at risk for loss of a RHC and was subsequently able to obtain the appropriate designations so that 98 whole or partial areas of counties are now eligible to participate in the program.

In 2002 the Legislature transferred responsibility for preparing the annual Kansas Medically Underserved Areas Report from the University of Kansas School of Medicine to the Kansas Department of Health and Environment. KDHE continues to use a special state-adapted designation method originally developed by the Medical School for use in medical scholarship program which was phased out in the mid-1990s in favor of a loan forgiveness program.

The Kansas Underserved Areas are now used only for the Governor's designation of Medically Underserved Areas for the purpose of Rural Health Clinic eligibility. In consideration of rural medical practice conditions, the count of full-time equivalent (FTE) primary care physicians is adjusted by subtracting 1.0 FTE from a county's total primary care physician FTEs. If a county's population exceeds 2,695 persons per adjusted count of primary care physician (or 37.1 physicians per 100,000 population), it is considered underserved. Any time a HPSA or state MUA designation is needed for program eligibility and a county believes its status has changed, it may ask the KDHE Office of Local and Rural Health for a reevaluation.

The Office of Local and Rural Health performs many other functions related to overcoming barriers to basic medical care in the state and maximizing available governmental resources. If you would like to learn more about our services, please call Barbara Huske, Workforce Analyst at (785) 296-1200.

PLEASE NOTE: The designation status reports and maps in this printed report are simply "snapshots," static points in time, for the individual counties. Please refer to the Office of Local and Rural Health's website for current information, as new designations are announced monthly. http://www.kdhe.state.ks.us/olrh/SD_hpsa_maps.htm

PART ONE: HEALTH CARE WORKFORCE SHORTAGE AREAS

FEDERAL PRIMARY CARE HPSAS (HEALTH PROFESSIONAL SHORTAGE AREA)

The Public Health Service Act, as amended, instructs the Secretary of the US Department of Health and Human Services (DHHS) to use data from national, State, and local sources and regulations based upon established criteria, to annually prepare listings (by State and health service area) of currently designated health professional(s) shortage areas. A health professional shortage area (HPSA) means any of the following which the Secretary determines has a shortage of health professional(s): (1) An urban or rural area which is a rational service area; (2) a population group; or (3) a public or nonprofit private medical facility.

The federal Primary Care HPSA designation identifies medically underserved areas eligible for several federal programs. These include scholarship and loan repayment programs through the National Health Service Corps (NHSC), Rural Health Clinic reimbursement, Medicare incentive payments for physicians, higher "customary charges" for new physicians, special consideration and funding priority for Area Health Education Centers (AHECs), and funding preference for Public Health Service programs administered by the Bureau of Health Professions.

In Kansas, the growth of HPSAs in the last several years has been used in particular to attract primary health care professionals to underserved areas in exchange for loan repayment.

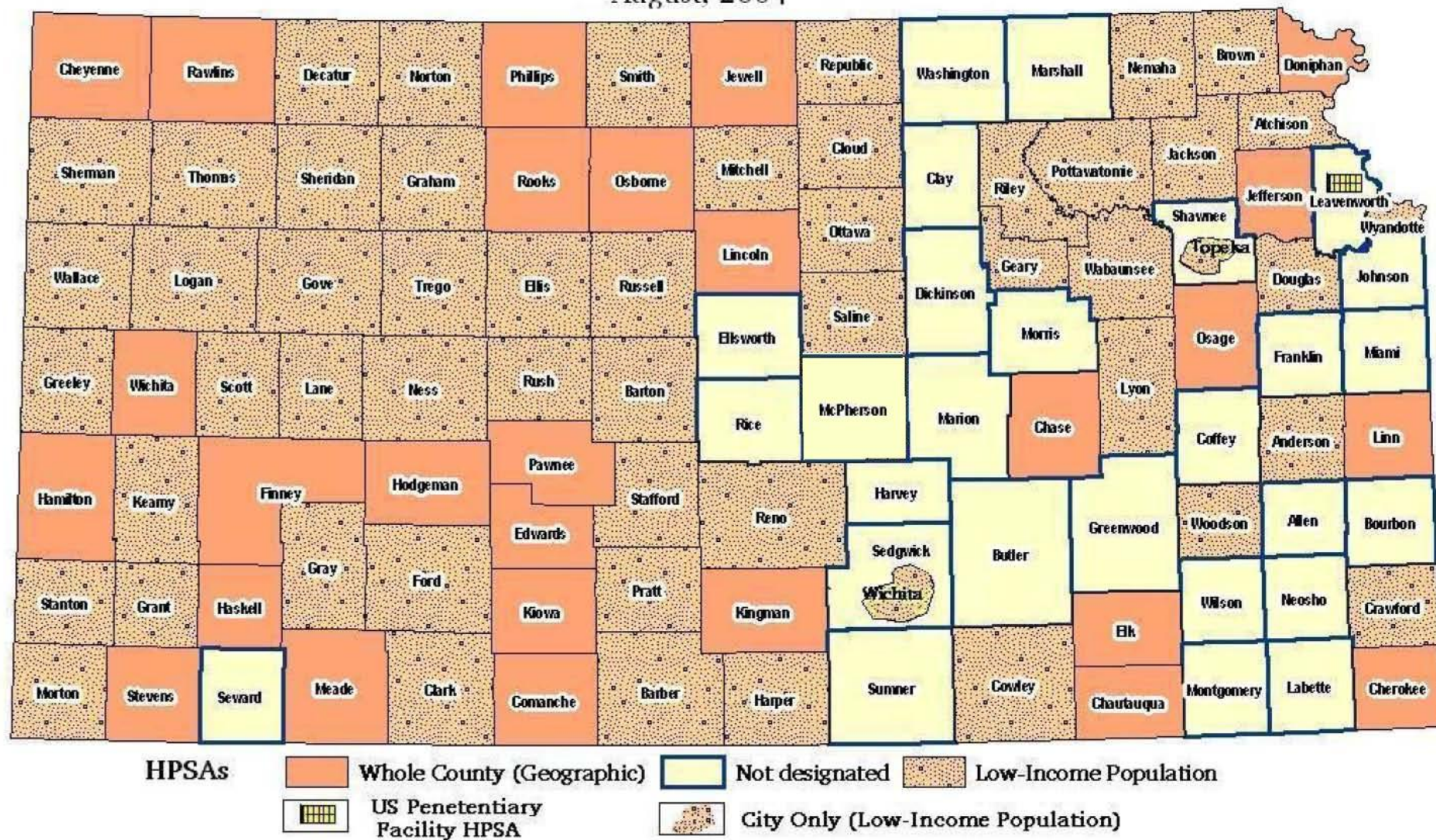
Qualifying Criteria A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area for the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
 - A. The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
 - B. The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and population features demonstrating "unusually high need" for primary care services or insufficient capacity of existing primary care providers.
3. Primary medical care professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population of the area under consideration.

Benefits: Areas designated as Primary Care HPSAs receive improved Medicare reimbursement for providers, eligibility for Rural Health Clinics, eligibility for J-1 physician placement, participation in the State Loan Repayment Program of Kansas and health personnel recruitment assistance. Physicians in geographic Primary Care HPSAs are automatically eligible for a 10% increase in their Medicare reimbursement. Physician assistants practicing in HPSAs are Medicare-reimbursable, as are nurse practitioners practicing in rural HPSAs. A HPSA designation is one of five designations that qualify an area for Rural Health Clinics. The recruitment assistance available to a HPSA depends on the degree of shortage assigned it by the NHSC. Areas may be eligible for placement of recipients of National Health Service Corps scholarships or loan repayment assistance.

Contact: For more information on HPSAs, contact the KDHE Office of Local and Rural Health (785) 296-1200. Information on personnel placement and loan repayment through the National Health Service Corps advisor for Kansas at the Recruitment Training and Support Center, Toll free Phone and Fax: 1-866-897-7872 Email: CustomerService@NHSCSupportCenter.net

Kansas Department of Health and Environment
Office of Local and Rural Health
Primary Care HPSAs
August, 2004



FEDERAL DENTAL HPSAS (HEALTH PROFESSIONAL SHORTAGE AREA)

In Kansas, lack of access to dental care is one of the greatest unmet health care needs. Because dentists practice independently and outside the general health care system, there is no easily identifiable entity in a community health care system to recruit a new dentist when a dental practice closes. This presents a challenge for the community and places the community at risk for access to dental care. In 2001, the Office of Local and Rural Health undertook a project which would define more clearly the lack of access to dental care in the state. A part of that project was a systematic inventory of dental health professional resources in each Kansas county. That project is now ongoing and licensure data on dental practices is available for evaluation of counties for dental shortage areas.

Qualifying Criteria: To be designated as a Dental Health HPSA, an area must meet three criteria. It must:

1. Be a rational service area for the delivery of care, and
2. Have a lack of access to health care in surrounding areas because of distance, over utilization, or access barriers, and have either
 - A. one dentist for every 5,000 or more people (5000:1)

OR

 - B. one dentist for 4,000 to 4,999 people (range from 4999:1 to 4000:1)

PLUS

population features demonstrating "unusually high need" or evidence that the dentists and dental care system is overloaded.

Benefits: Areas designated as Dental Health HPSAs can participate in the State Loan Repayment Program of Kansas and are eligible for health personnel recruitment assistance from the National Health Service Corps. The recruitment assistance available to communities located in a HPSA depends on the degree of shortage assigned it by the NHSC. Areas may be eligible for placement of National Health Service Corps scholarship recipients or loan repayment for dentists and dental hygienists.

Contact: For more information on HPSAs, contact the Office of Local and Rural Health, (785) 296-1200. Information on personnel placement and loan repayment assistance through the National Health Service advisor for Kansas at the Recruitment Training and Support Center, Toll free Phone and Fax: 1-866-897-7872

Email: CustomerService@NHSCSupportCenter.net

Recruitment & Retention Assistance Application for communities: <http://bhpr.hrsa.gov/nhsc//communities/resources.html>

NHSC Loan Repayment Program Applicant Information Bulletin: http://nhsc.bhpr.hrsa.gov/applications/lrp_04/

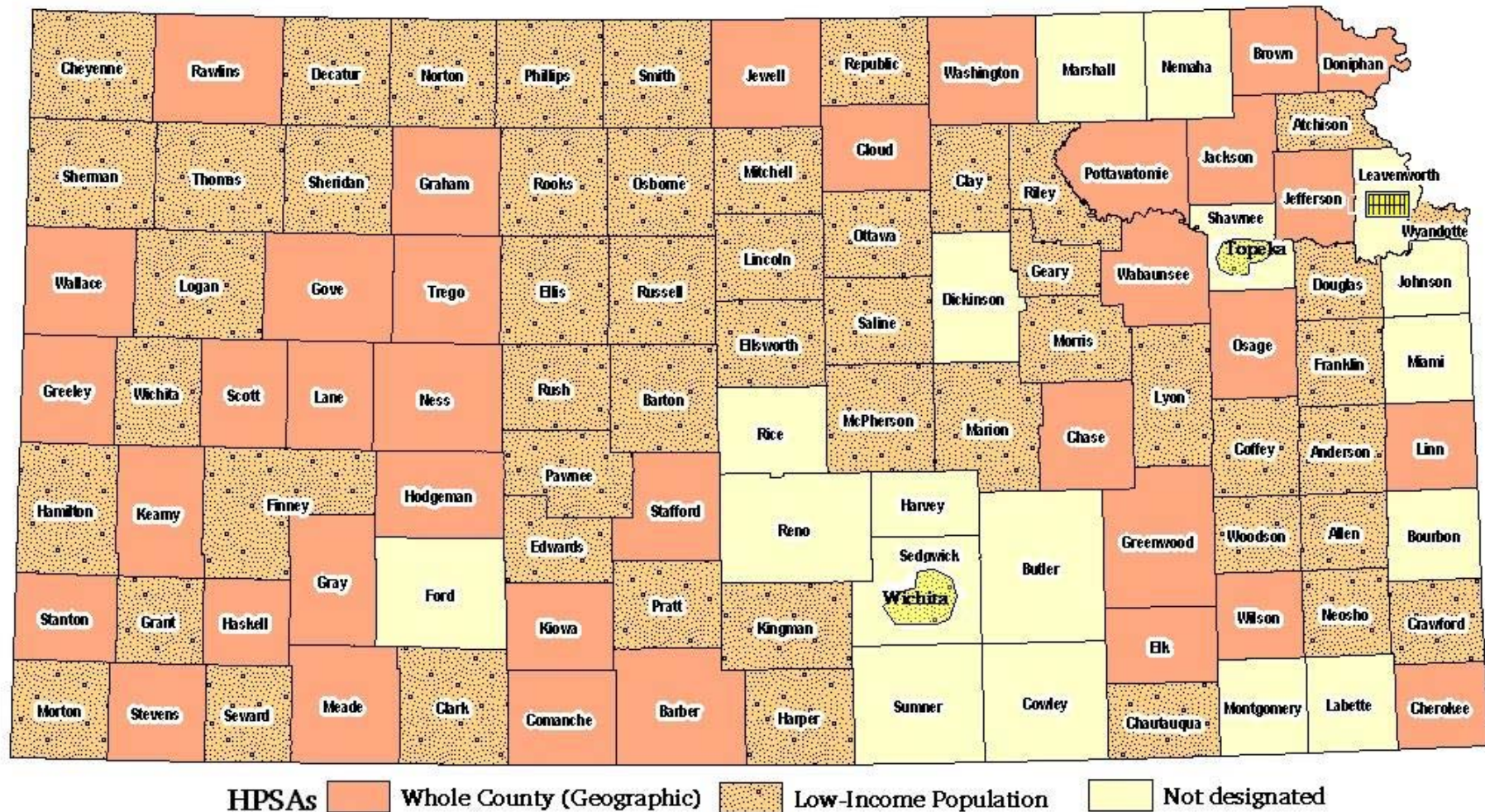
NHSC current Kansas Practice Opportunities List: http://nhsc.bhpr.hrsa.gov/jobs/search_form.cfm

Kansas Department of Health and Environment

Office of Local and Rural Health

Dental HPSAs

August 2004



FEDERAL MENTAL HEALTH HPSAS (HEALTH PROFESSIONAL SHORTAGE AREAS)

The federal Mental Health Professional Shortage Area (HPSA) designation identifies medically underserved areas eligible for several federal programs. These include scholarship and loan repayment programs through the National Health Service Corps (NHSC), special consideration and funding priority for Area Health Education Centers (AHECs), and funding preference for Public Health Service programs administered by the Bureau of Health Professions. In Kansas, the growth of HPSAs in the last several years has been used in particular to attract health care professionals to underserved areas in exchange for loan repayment.

Qualifying Criteria: To be designated as a Mental Health HPSA, areas in Kansas must meet three criteria. It must:

1. Be a rational service area for the delivery of care, and
2. The area has a population-to-psychiatrist ratio greater than or equal to 30,000:1;
3. Mental health professionals in contiguous areas are overutilized, excessively distant or inaccessible to residents of the area under consideration.

Benefits: Areas designated as Mental Health HPSAs are eligible for participation in the State Loan Repayment Program of Kansas and health personnel recruitment assistance from the National Health Service Corps. The recruitment assistance available to a HPSA depends on the degree of shortage assigned it by the NHSC. Areas may be eligible for placement of National Health Service Corps scholarship recipients or loan repayment for psychiatrists, clinical psychologists, Clinical or counseling psychologist, clinical social worker, marriage and family therapist, psychiatric nurse specialist, licensed professional counselor.

Contact: For more information on Mental Health HPSAs, contact the KDHE Office of Local and Rural Health, (785) 296-1200.

Information on recruitment and loan repayment assistance through the National Health Service Corps is available by contacting the National Health Service Corps advisor for Kansas at the Recruitment Training and Support Center, Toll free Phone and Fax: 1-866-897-7872

Email: CustomerService@NHSCSupportCenter.net

Recruitment & Retention Assistance Application for communities: <http://bhpr.hrsa.gov/nhsc//communities/resources.html>

NHSC Loan Repayment Program Applicant Information Bulletin: http://nhsc.bhpr.hrsa.gov/applications/lrp_04/

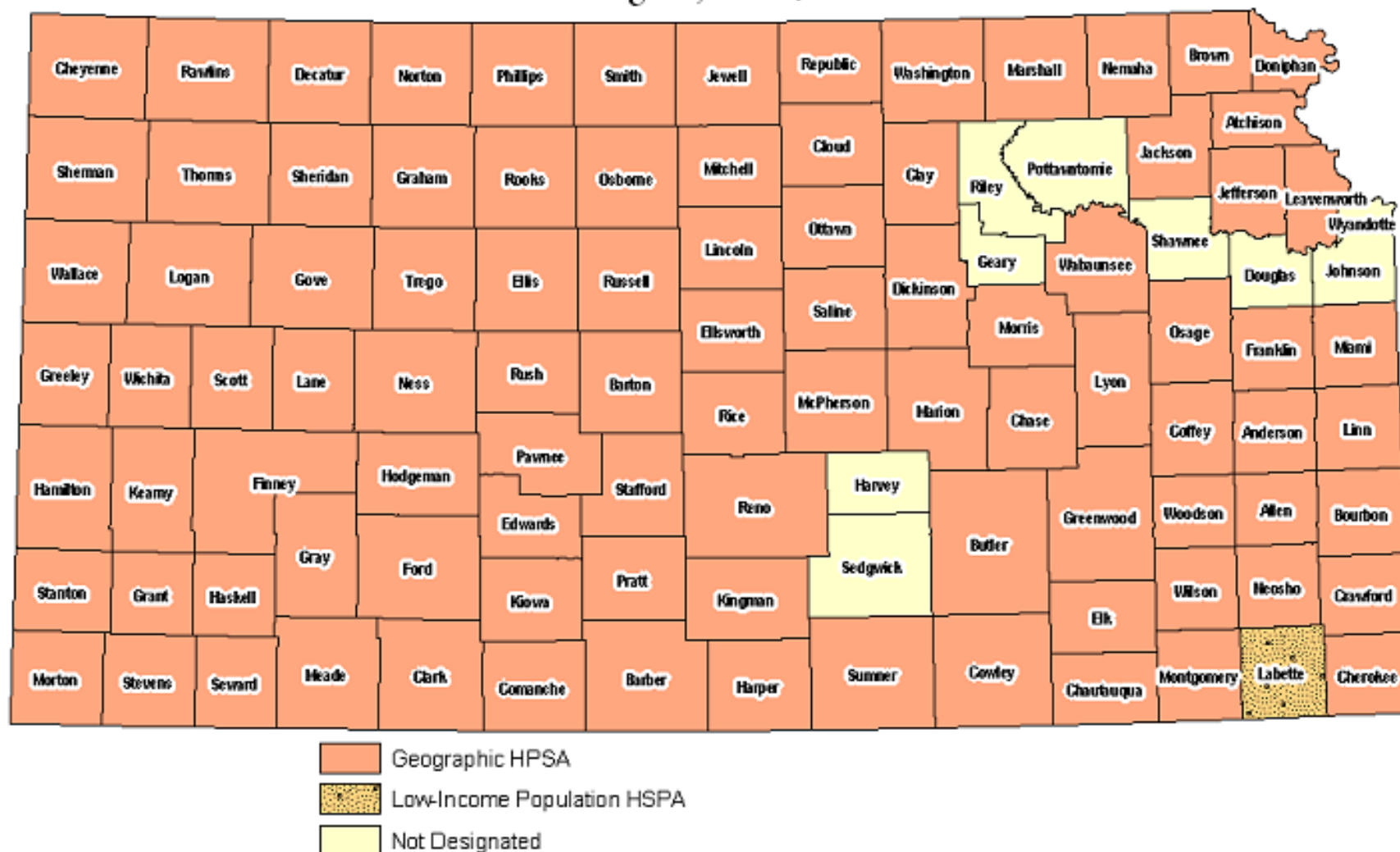
NHSC current Kansas Practice Opportunities List: http://nhsc.bhpr.hrsa.gov/jobs/search_form.cfm

Kansas Department of Health and Environment

Office of Local and Rural Health

Mental Health HPSAs

August, 2004



STATE-DESIGNATED MEDICALLY UNDERSERVED AREAS

BACKGROUND: State-designated medically underserved areas (MUAs) are limited to use in the development and continuation of Rural Health Clinics (RHCs). Now applied to meet requirements of a federal program, the designation has its origin in the Kansas Medical Scholarship Program created in 1978 by the legislature to encourage more University of Kansas School of Medicine (UKSM) graduates to practice in Kansas and to increase the number of primary care practitioners in medically underserved areas (MUAs). In 1982, a program was established for Kansas undergraduate students in schools of osteopathic medicine

The UKSM program paid tuition and stipend to medical students at the University of Kansas School of Medicine (UKSM) in exchange for their agreement to practice primary care medicine in an underserved area of the state. The Osteopathic Medical Service Scholarship program, managed by the State Board of Regents, has similar practice obligations and scholarship amounts. Each year of financial assistance obligates the student to a year of service.

In 1992, the legislature replaced the scholarship program with the Kansas Medical Loan Program. No new scholarships have been awarded since June 1992, and the scholarship program was phased out as the last eligible students completed their obligation. Also in 1992, the program allowed the remaining scholarship recipients to fulfill their obligation by practicing primary care in any location in Kansas except Douglas, Johnson, Sedgwick, Shawnee, and Wyandotte Counties. Loan recipients also have their loans forgiven for practice in any location in Kansas, with the exception of those same five counties. Recipients give back one year of practice for each year they received a loan. In 1993 the same loosening of practice location obligations was extended to the Osteopathic Medical Service Scholarship program.

Originally a county had to be designated as *medically underserved* or *critically medically underserved* to become an eligible practice location for a medical and osteopathic scholarship or loan recipient. These two levels were used in reports prepared by the Office of Institutional Research and Planning at the University of Kansas School of Medicine. The methodology for the former state MUA designations was based upon a nationally recognized optimal primary care physician-to-population ratio with a state-adopted adjustment for sparsely populated counties.

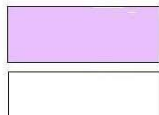
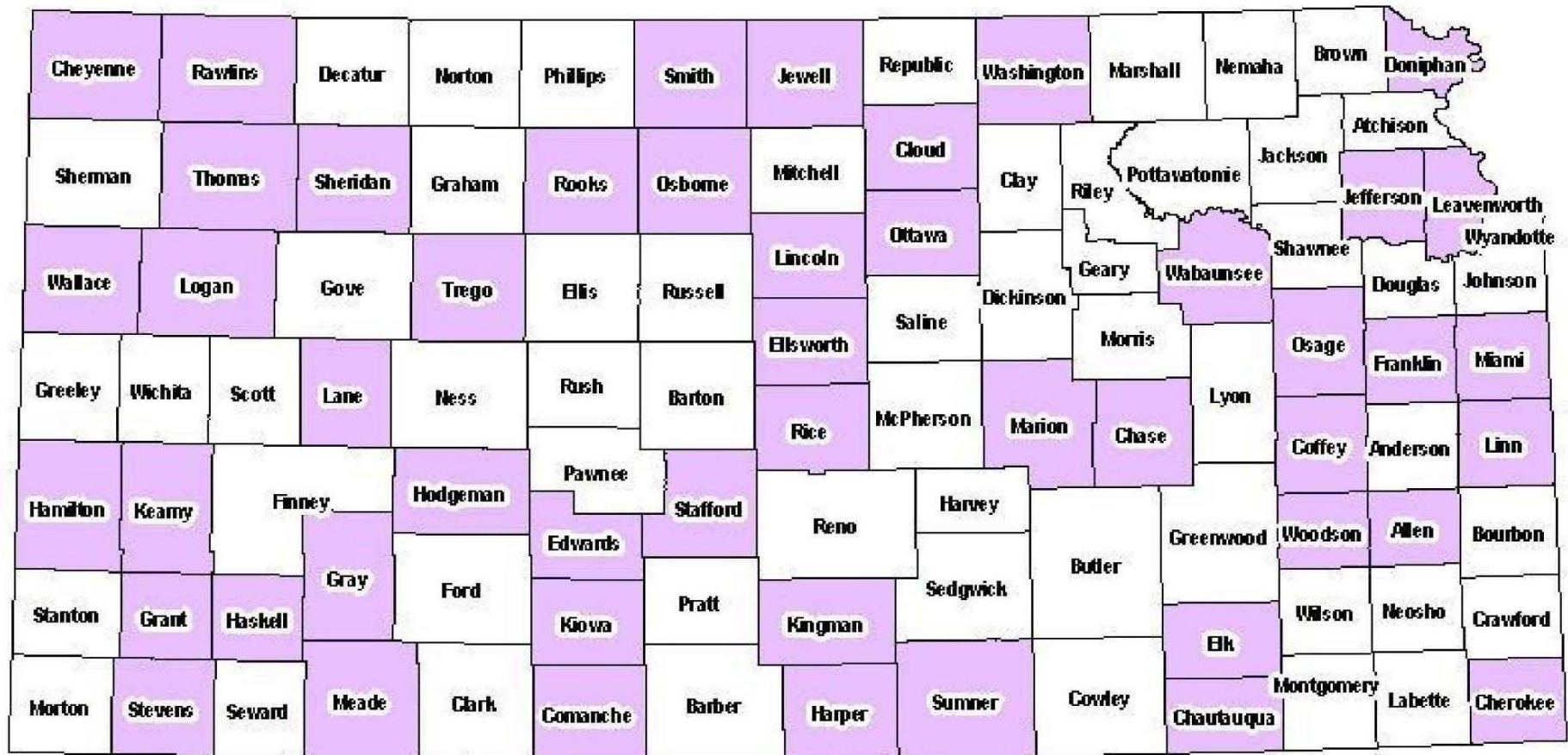
In 2002 the Legislature transferred responsibility for preparing the Kansas Medically Underserved Areas Report from the UKSM to the Kansas Department of Health and Environment. KDHE uses the state-adopted designation method to define a single category, *medically underserved*. If a county's population exceeds 2,695 persons per adjusted FTE primary care physician (or 37.1 physicians per 100,000 population), it is considered underserved. Any time a state MUA designation is needed for state or federal program eligibility and a county believes its status has changed, it may ask the KDHE Office of Local and Rural Health for a reevaluation.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Local & Rural Health

KANSAS MEDICALLY UNDERSERVED AREAS

Counties currently at or below one primary care physician per 2,695 population

Used only for the establishment or continuation of Rural Health Clinics (RHCs)



Underserved Area using 2003 licensure data

Not underserved using 2003 data

See page 29 for a list of the shaded counties eligible for certification or renewal in 2004
And pages 18 and 19 for other counties certified since 2001

RURAL HEALTH CLINIC ELIGIBLE AREAS

In 1977, Congress passed the Rural Health Clinic (RHC) Services Act (Public Law 95-210) to increase the availability of health care services in rural areas. Congress recognized that many rural areas are unable to attract and retain physicians. The RHC Services Act addressed this problem by mandating the use of mid-level practitioners not less than 50% of the time in RHCs and by providing payment incentives to health care professionals practicing in RHCs. For more information on RHCs, see the fact sheet prepared by the Centers for Medicare and Medicaid Services (CMS) at: www.cms.hhs.gov/medlearn/pubs.asp

Qualifying Criteria: Eligible clinics must be located in a rural area. The area must have a primary health professional shortage designation (new or updated) within the past three calendar years. Qualifying designations include Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), High Migrant Impact Area (HMIA), or an area designated by the state Governor and certified by the Secretary of the Health Resources and Services Administration. In order to preserve maximum RHC eligibility, the Office of Local and Rural Health prepares information for the Governor which allows her to exercise the executive power embodied in PL 95-210 and declare those counties currently designated as state designated Medically Underserved Areas using the method developed by Kansas University School of Medicine for the purpose of RHC development (see pages 25 –27). This action, along with the Office of Local and Rural Health initiative to obtain federal designations for areas served by RHCs, provided eligibility for 98 counties in Kansas.

The map on the next page shows those counties eligible to maintain or develop new RHCs.

Number of counties wholly or partially designated as RHC eligible: 98

Number of counties without eligibility for Rural Health Clinics: 7

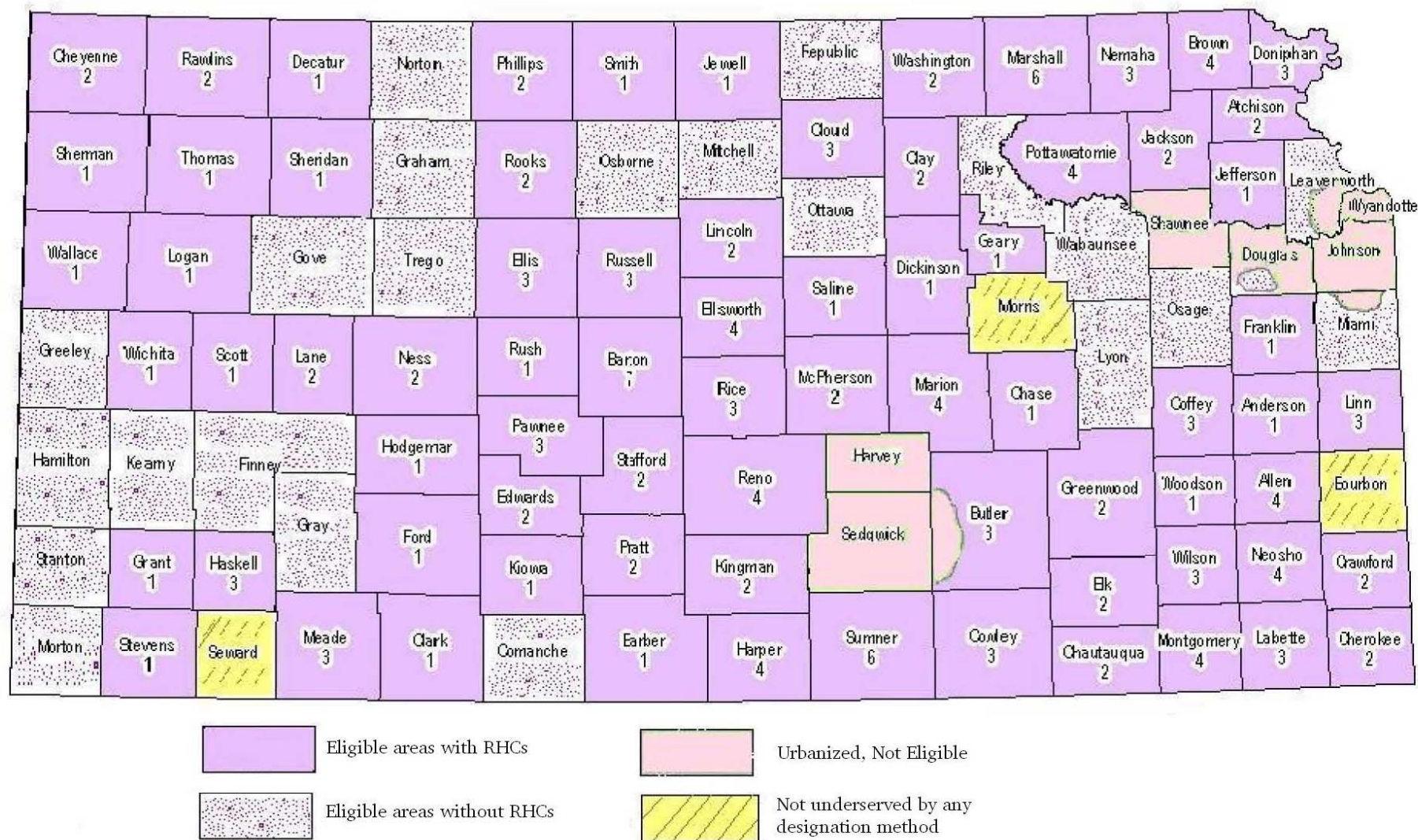
Total number of rural health clinics operating in Kansas: 168

Kansas was the first state to use the law allowing Governors to designate shortages areas for RHC purposes.

Benefits: Participation provides Medicare and Medicaid reimbursement for services provided by physician assistants and nurse-practitioners in clinics located in rural HPSAs. In addition, RHC services covered by Medicare and Medicaid are paid on a cost-basis providing an incentive for health clinics that use nurse practitioners and/or physician assistants at least half-time.

Contact: For more information on Rural Health Clinics contact the KDHE Office of Local and Rural Health, (785) 296-1200. Applications to become a Medicare-certified Rural Health Clinic - contact Tamara Wilkerson, Bureau

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Local & Rural Health
 Certified Rural Health Clinic Locations and Eligible Areas
 August 2004



FEDERAL MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS

The Medically Underserved Area (MUA) concept and criteria were originally developed in 1973 by the federal government to support the federal Health Maintenance Organization (HMO) grant program. In subsequent years, however, their primary purpose has been to target areas for community health centers and, later, rural health clinic programs. For inquiry regarding current status of an MUA in Kansas: <http://www.bphc.hrsa.gov/databases/newmua/>

The Shortage Designation Branch in the HRSA Bureau of Health Professions National Center for Health Workforce Analysis develops shortage designation criteria and uses them to decide whether or not a geographic area or population group is a Medically Underserved Area or Population. More than 34 federal programs depend on a shortage designation to determine eligibility or as a funding preference

Qualifying Criteria: County or sub-county units are eligible for designation as an MUA. Discrete populations, such as a prison population or Medicaid recipients within a county, are eligible for designation as a Medically Underserved Population (MUP). The federal government uses a mathematical formula to determine eligibility for designation. Counties or populations are scored on four criteria:

- Percentage of population below poverty
- Percentage of population over 65
- Infant mortality rate
- Primary care physicians per 1,000 population

Those four scores are added and the resulting number is called the *Index of Medical Underservice* (IMU). Any area or population with a score less than 62 may be designated as an Medically Underserved Area.

Benefits: Medically Underserved Areas and Populations are eligible to develop federally qualified health centers (FQHCs) and to apply for federal grants to establish community and migrant health centers (C/MHCs) authorized in Section 330 of the Public Health Service Act to provide for primary and preventive health care services in medically-underserved areas throughout the U. S. and its territories. An FQHC is defined as a comprehensive primary care center that meets requirements of the section 330 grant program but does not receive the grant. An FQHC Look-Alike designation requires that the center be fully operational at application date and meet the following requirements:

- Be a private nonprofit entity;
- Serve, in whole or in part, a designated Medically Underserved Area (MUA) or Medically Underserved Population (MUP);
- Meet the same statutory, regulatory and policy requirements (Section 330 of the Consolidated Health Center) Act as CHC grantees; and
- Comply with the policy implementation documents for the Balanced Budget Act (BBA) of 1997 amendment

Contact: For more information on Medically Underserved Area designations, community health centers, and federally qualified health centers, contact Barbara Gibson, Primary Care Section KDHE Office of Local and Rural Health, (785) 296-1200.

To obtain the Centers for Medicare and Medicaid Services (CMS) fact sheet on FQHCs: www.cms.hhs.gov/medlearn/pubs.asp

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

OFFICE OF LOCAL & RURAL HEALTH

TABLE OF SHORTAGE DESIGNATIONS BY COUNTY: JULY, 2004

County	PC HPSA	Dent HPSA	MH HPSA	K-MUA for Gov Designation **	RHC Eligible *	# RHC
Allen	no	2002Pop	Geographic	X04	yes	4
Anderson	2001Pop	2002Pop	Geographic	X01	yes	1
Atchison	2002Pop	2002Pop	Geographic	X01	yes	2
Barber	2002Pop	2001Geo	Geographic	no	yes	1
Barton	2001Pop	2001Pop	Geographic	no	yes	7
Bourbon	no	no	Geographic	no	no	0
Brown	2001Pop	2001Geo	Geographic	X01	>3 years	4
Butler	no	no	Geographic	X01	>3 years	3
Chase	2002Geo	2001Geo	Geographic	X04	yes	1
Chautauqua	2001Geo	2001Pop	Geographic	X04	yes	2
Cherokee	2001Geo	2001Geo	Geographic	X04	yes	2
Cheyenne	2001Geo	2002Pop	Geographic	X04	yes	2
Clark	2002Pop	2002Pop	Geographic	X03	yes	1
Clay	no	2001Pop	Geographic	X01	>3 years	2
Cloud	2001Pop	2002Geo	Geographic	X04	yes	3
Coffey	no	2002Pop	Geographic	X04	>3 years	3
Comanche	2001Geo	2001Geo	Geographic	X04	yes	0
Cowley	2002Pop	no	Geographic	no	yes	3
Crawford	2001Pop	2001Pop	Geographic	no	>3 years	2
Decatur	2002Pop	2002Pop	Geographic	X02	yes	1
Dickinson	no	no	Geographic	X01	>3 years	1
Doniphan	2002Geo	2001Geo	Geographic	X04	yes	3
Douglas	2001Pop	2004Pop	no	no	>3 years (part)	Urbanized
Edwards	2000Geo	2002Pop	Geographic	X04	yes	2
Elk	2001Geo	2000Geo	Geographic	X04	yes	2
Ellis	2002Pop	2000Pop	Geographic	X02	yes	3
Ellsworth	no	2002Pop	Geographic	X04	yes	4

County	PC HPSA	Dent HPSA	MH HPSA	K-MUA for Gov Designation **	RHC Eligible *	# RHC
Finney	2001Geo	2001Pop	Geographic	X02	yes	0
Ford	2002Pop	no	Geographic	no	yes	1
Franklin	no	2002Pop	Geographic	X04	yes	1
Geary	2001Pop	2001Pop	no	X01	yes	1
Gove	2001Pop	2001Geo	Geographic	no	>3 years	0
Graham	2001Pop	2002Geo	Geographic	X01	yes	0
Grant	2001Pop	2002Pop	Geographic	X04	yes	1
Gray	2002Pop	2001Geo	Geographic	X04	yes	0
Greeley	2002Pop	2002Geo	Geographic	X03	yes	0
Greenwood	no	2001Geo	Geographic	X03	yes	2
Hamilton	2000Geo	2002Pop	Geographic	X04	yes	0
Harper	2002Pop	2002Pop	Geographic	X04	yes	4
Harvey	no	no	no	no	no	Urban
Haskell	2000Geo	2000Geo	Geographic	X04	yes	3
Hodgeman	2004Geo	2000Geo	Geographic	X04	yes	1
Jackson	2001Pop	2001Geo	Geographic	X01	yes	1
Jefferson	2001Geo	2001Geo	Geographic	X04	yes	1
Jewell	2001Geo	2001Geo	Geographic	X04	yes	1
Johnson	no	no	no	no	no	Urban
Kearny	2002Pop	2001Geo	Geographic	X04	yes	0
Kingman	2001Geo	2002Pop	Geographic	X04	yes	2
Kiowa	2002Geo	2001Geo	Geographic	X04	yes	1
Labette	no	no	Population	no	Part	3
Lane	2001Pop	2000Geo	Geographic	X04	yes	2
Leavenworth	2002 USP	2002 USP	Geographic	X04	Part	Part Urbanized
Lincoln	2001Geo	2002Pop	Geographic	X04	yes	2
Linn	2000Geo	2001Geo	Geographic	X04	yes	3



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

OFFICE OF LOCAL & RURAL HEALTH

TABLE OF SHORTAGE DESIGNATIONS BY COUNTY: JULY, 2004 (CONTINUED)

County	PC HPSA	Dent HPSA	MH HPSA	K-MUA for Gov Designation **	RHC Eligible *	# RHC
Logan	2002Pop	2002Pop	Geographic	X04	yes	1
Lyon	2001Pop	2002Pop	Geographic	no	>3 years	0
Marion	no	2001Pop	Geographic	X01	yes	4
Marshall	no	no	Geographic	no	>3 years	6
McPherson	2002Pop	2002Pop	Geographic	X04		2
Meade	2001Geo	2001Geo	Geographic	X04	yes	3
Miami	no	no	Geographic	X04	yes	0
Mitchell	2002Pop	2002Pop	Geographic	no	yes	0
Montgomery	no	no	Geographic	no	>3 years	5
Morris	no	2002Pop	Geographic	no	>3 years	0
Morton	2001Pop	2002Pop	Geographic	no	>3 years	0
Nemaha	2002Pop	no	Geographic	X01	yes	3
Neosho	no	2002Pop	Geographic	X01	>3 years	4
Ness	2002Pop	2001Geo	Geographic	no	yes	2
Norton	2002Pop	2002Pop	Geographic	X03	yes	0
Osage	2002Geo	2001Geo	Geographic	X04	yes	0
Osborne	2001Geo	2002Pop	Geographic	X04	yes	0
Ottawa	2002Pop	2001Pop	Geographic	X04	yes	0
Pawnee	2001Geo	2002Pop	Geographic	X01	yes	3
Phillips	2000Geo	2002Pop	Geographic	X02	yes	2
Pottawatomie	2002Pop	2001Geo	no	no	yes	4
Pratt	2002Pop	2002Pop	Geographic	no	yes	2
Rawlins	2001Geo	2004Geo	Geographic	X04	yes	2
Reno	2001Pop	no	Geographic	no	yes	4
Republic	2001Pop	2002Pop	Geographic	no	>3 years	0
Rice	no	no	Geographic	X04	yes	3
Riley	2003Pop	2001Pop	no	no	yes	0

County	PC HPSA	Dent HPSA	MH HPSA	K-MUA for Gov Designation **	RHC Eligible *	# RHC
Rooks	2002Geo	2002Pop	Geographic	X04	yes	2
Rush	2001Pop	2002Pop	Geographic	X01	yes	1
Russell	2002Pop	2002Pop	Geographic	no	yes	3
Saline	2001Pop	2001Pop	Geographic	no	>3 years	1
Scott	2002Pop	2000Geo	Geographic	no	yes	1
Sedgwick	2001CITY	2002CITY	no	no	no	Urban
Seward	no	2002Pop	Geographic	no	no	0
Shawnee	2001CITY	2001CITY	no	no	no	Urban
Sheridan	2002Pop	2002Pop	Geographic	X04	yes	1
Sherman	2002Pop	2002Pop	Geographic	no	yes	1
Smith	2004/ Pop	2002Pop	Geographic	X04	yes	1
Stafford	2001Pop	2001Geo	Geographic	X04	yes	2
Stanton	2002Pop	2001Geo	Geographic	no	yes	0
Stevens	2002Geo	2001Geo	Geographic	X04	yes	1
Sumner	no	no	Geographic	X04	yes	6
Thomas	2002Pop	2002Pop	Geographic	X04	yes	1
Trego	2002Pop	2001Geo	Geographic	X04	yes	0
Wabaunsee	2002Pop	2000Geo	Geographic	X04	yes	0
Wallace	2002Pop	2000Geo	Geographic	X04	yes	1
Washington	no	2001Geo	Geographic	X04	yes	2
Wichita	2001Geo	2002Pop	Geographic	X01	yes	1
Wilson	no	2000Geo	Geographic	X01	>3 years	3
Woodson	2002Pop	2002Pop	Geographic	X04	yes	1
Wyandotte	2001Pop	2001Pop	no	no	no	Urban

PART TWO: WORKFORCE RECRUITMENT AND RETENTION PROGRAMS

BENEFITS OF RECEIVING SHORTAGE AREA DESIGNATION

X* - - Designation within the past three years

SHORTAGE DESIGNATION	PROGRAM ELIGIBILITY BENEFITS				
	NATIONAL HEALTH SERVICE CORPS RECRUITMENT ASSITANCE	FEDERALLY QUALIFIED HEALTH CENTER (FQHC/CHC) ELIGIBILITY	CMS MEDICARE INCENTIVE PROGRAM ELIGIBILITY	CMS RURAL HEALTH CLINIC PROGRAM ELIGIBILITY	J-1 VISA WAIVER PROGRAM ELIGIBILITY
Primary Care HPSA	X		X		X
Geographic HPSA	X		X	X	X
Population HPSA	X			X	X
Facility HPSA	X				X
NEW Automatic HPSA (CHC or RHC)	X			<i>uncertain</i>	X
Dental Care HPSA	X				
Geographic HPSA	X				
Population HPSA	X				
Facility HPSA	X				
Mental Health HPSA	X				X
Geographic HPSA	X		X	X	X
Population HPSA	X			X	X
Facility HPSA	X				X
Medically Underserved Area		X		X*	X*
Medically Underserved Population		X			X*
Exceptional MUA/P (for CHCs only)		X			X*
State Governor's Certified Shortage Area (for RHCs only)				X	



STATE LOAN REPAYMENT PROGRAM OF KANSAS

In 2001, the Office of Local and Rural Health was notified that it had received a grant from the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) for repayment of educational loans for medical care providers serving in underserved areas in Kansas. The Legislature encouraged KDHE to seek these federal grant funds in part to address the growing dental shortage. The grant was for \$115,000 per year renewable for three years. This HRSA grant allows states to address the lack of access to care by providing a financial incentive through a state administered loan repayment program. The program assists local communities to recruit or retain health professionals who agree to practice for at least 2 years in a Health Professional Shortage Area (HPSA) or federally designated MUA. Priority will be given to Rural or Frontier Areas and to areas where poverty, economic access or cultural barriers contribute to poor access to primary care which includes medical, dental and mental health care.

Size of the Program

In state fiscal year 2005, (July 1, 2004 through June 30, 2005) ten communities will be targeted to support loan repayment for 10 to 13 primary health care providers. Those providers may be primary care physicians, nurse practitioners, physician assistants, dentists, dental hygienists, clinical psychologists, clinical social workers, mental health counselors, licensed professional counselors, and marriage and family therapists. Since the first awards were made in 2002, the loan repayment assistance has gone to 2 Advanced Registered Nurse Practitioners, 3 Physician Assistants and 2 Physicians and one Dentist.

Financial Approach

Local communities must be willing to participate in the program by providing at least a 1-to-1 match for the state administered, federal dollars received. The site must be a not-for-profit or public employer. Some sites have received foundation support to supply the local matching dollars. Priority will be given to sites in rural and frontier areas or to practices that are designed to include underserved populations.

Minimum and Maximum Loan Repayment

No more than \$35,000 per year may be contracted for a 2 year loan repayment in an approved site, or more than \$105,000 for three years of obligated service in an approved site for physician or dentist loan repayment. The maximum for nonphysicians will be set at \$15,000 per year or \$45,000 for three years of obligated service. Loan payments will be made at the end of each year of completion. No payments will be made for less than one year of service.

Term of Service

In order to receive funds under the State Loan Repayment Program a health professional must contract to serve in the designated area for a minimum of 2 years .

Site Placement Policy

Health Care Providers will be placed in federally designated Health Professional Shortage Areas (HPSAs) or Medically Underserved Area. Placements may also be made to public and private non-profit entities providing primary health services in federally designated HPSAs.

Selection Criteria for Eligible Sites

A site application form, available from the Office of Local & Rural Health (785)296-1200 will be utilized to determine site eligibility and to rank eligible sites if more applicants apply than there are funds to distribute. A site selection committee will review applications and make the final selections. Site application will include information allowing examination of the following practice information:

- a. Number of persons per square mile - population density of a county.
- b. Physician to population ratio. HPSA or State Medically Underserved designation.
- c. Significant risk factors, such as high infant mortality rate, high poverty levels, Medicaid access, high percent of the population over age 65, language or cultural barriers.
- d. Degree of community support for placement of the health professional.
- e. Written plan to include care for all clients in need regardless of ability to pay and use of sliding-scale discounts for low income or uninsured clients.
- f. Written assurance that Medicare assignment will be honored and Medicaid patients served.

Selection Criteria for Eligible Applicants

Physicians must be licensed in Kansas and certified or eligible to be certified in one of the state-defined, primary care specialties, including family practice, osteopathic general practice, obstetrics-gynecology, internal medicine and pediatrics. Other providers must have an active Kansas license for their health profession.

Applications for use in the State Loan Repayment Program and are available by contacting the Office of Local and Rural Health at 785-296-1200, email Barbara Huske at: Bhuske@kdhe.state.ks.us

or from the OLRH website at: <http://www.kdhe.state.ks.us/olrh/FundLoan.html#State%20Loan%20Repayment%20Program>

J-1 VISA WAIVER REVIEW KANSAS STATE 30 PROGRAM

Kansas participates in the State 30 (Conrad) J-1 Visa Waiver Program which assists in the recruitment of physicians to practice in communities that lack adequate access to primary health care. Federal law (Section 214-(1) of the Immigration and Nationalization Act [8USC-Section1184(l)]) allows state public health departments to annually recommend that up to 30 international medical graduates in the US on J-1 visas be granted a waiver of the J-1 visa two-year home country residency requirement in return for practicing medicine full-time for a minimum of three years in an area with a physician shortage designation (see page 22 for designation requirements).

Kansas had historically relied on a federal agency (US Department of Agriculture ,USDA) to request the waivers for physicians recruited to rural underserved areas. The USDA discontinued its program in 2002 . Kansas began its program in October 2002. KDHE action is limited to recommending to the Waiver Review Section of the US Department of State that a waiver be granted where it furthers an agency policy. This action is discretionary and is not the equivalent of granting the waiver. The Department of State, after a review of its own, requests that the US Bureau of Citizenship and Immigration (USCIS) grant the waiver. The USCIS conducts its own investigation and has final authority.

State and Federal Guidelines and Requirements: http://www.kdhe.state.ks.us/olrh/j-1visa_waiver.html

- The federal government now requires all applicants to apply for a case number from the U.S. Department of State.
http://travel.state.gov/visa/tempvisitors_info_waivers8.html
- Kansas participation is intended to assist local communities to assure that their residents have access to physician services. The program focuses on primary care defined as general medicine, internal medicine, family practice, general pediatrics, obstetrics/ gynecology, emergency medicine and psychiatry. However, at least 15 sub-specialist waivers may be recommended annually with unused primary care slots released at intervals throughout the annual cycle which begins on October 1.
- Application must be made by the legal entity making the contract offer to the physician seeking a J-1 visa waiver and applications will only be accepted when there is a confirmed physician contract pending. The employer must show evidence of open recruitment and that hiring a J-1 physician is a last resort. A physician not encumbered by the J-1 home residence requirement, who applies for and is qualified for the job advertised, must be offered the position.
- The medical practice must be located in a HPSA or MUA. The facility must participate in Medicare and Medicaid/HealthWave and accept all patients regardless of ability to pay.
- The J-1 physician must have or be eligible for a medical license from the Kansas Board of Healing Arts.
- The J-1 physician is responsible for negotiating a contract for a minimum of 3 years to provide care at least 40 hours per week, at least 4 days per week, in the appropriate specialty.
- The J-1 physician must begin practice within 90 days of receiving a waiver. The USCIS will be notified if a J-1 physician is found not to have reported or not to be practicing medicine at least 40 hours per week in the location for which the recommendation was made.

For more information:

Contact Barbara Gibson (785) 2961200 or by email at: bgibson@kdhe.state.ks.us

Download the complete packet at : <http://www.kdhe.state.ks.us/olrh/download/KSConrad30.pdf>

NATIONAL HEALTH SERVICE CORPS

The National Health Service Corps (NHSC) is a program of the Department of Health and Human Services created to eliminate federally designated HPSAs throughout the United States. Toward that end, the NHSC strives to supply of primary health care professionals to the neediest areas around the nation by means of scholarships and loan repayment for primary care physicians, dentists, psychiatrists, nurse practitioners, physician assistants, certified nurse midwives, mental health providers, and dental hygienists.

Qualifying Criteria: In order to qualify for recruitment and retention assistance from NHSC, an area must be a federally designated Health Professional Shortage Area (HPSA). The neediest shortage areas take priority for NHSC scholarship and loan repayment recipients; however, all approved sites receive recruitment assistance from the U.S. Public Health Service. Sites applying to NHSC are given a degree of shortage score based on patient-physician ratios, poverty levels, incidence of infant mortality/low birth weight and area access to providers who will not deny care because of inability to pay. Some of the site eligibility requirements include that the site must be part of a system of care, have a documented history of sound fiscal management, be willing to provide service to everyone regardless of ability to pay, be willing to accept Medicare and Medicaid assignment and assure that at least 80% of the patients of NHSC health professionals are residents of the designated HPSA.

Benefits: NHSC sites may be eligible for recruitment assistance including NHSC Scholarships or Loan Repayment. Sites with the greatest degree of shortage are considered possible practice locations for scholarship-obligated providers. These scholars receive full tuition and fees plus 12 monthly stipends and other reasonable educational expenses. In exchange, they are obligated to provide one year of primary health service in a high-priority HPSA for each year of support, with a two year minimum. Scholarships are available to US citizens enrolled in US medical and osteopathic schools, nurse practitioners, physician assistants, dentists, dental hygienists and mental health professionals.

The Loan Repayment Program provides repayment of educational loans to primary care providers in HPSAs. Repayment is available for both government and commercial educational loans. Providers must agree to a minimum two year commitment period in a HPSA. Loan repayment is available for fully trained physicians with specialties in family medicine, general pediatrics, general internal medicine, general psychiatry and obstetrics/gynecology; primary care nurse practitioners; certified nurse midwives, physician assistants and dentists. Providers must be US citizens with valid, unrestricted licenses or certificates to practice in Kansas. Loan repayment is available in amounts up to \$50,000 for a two-year commitment; \$85,000 for a three-year commitment, or \$120,000 for a four-year commitment. All loans must be verifiable and in good standing.

Contact: Information for recruitment, placement and loan repayment through the National Health Service Corps is available by contacting the National Health Service Corps advisor for Kansas at the Recruitment Training and Support Center,

Toll free Phone and Fax: 1-866-897-7872

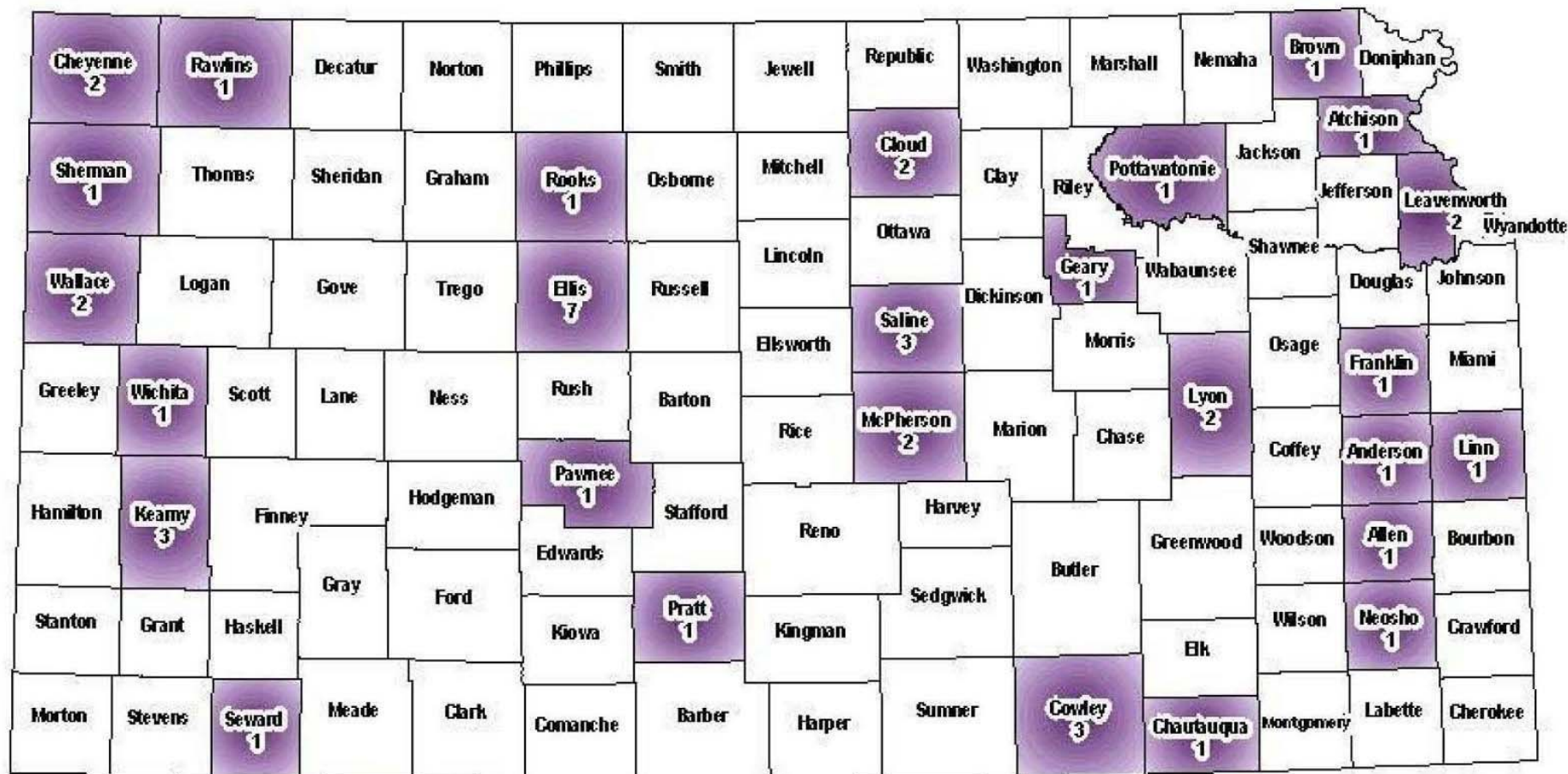
Email: CustomerService@NHSCSupportCenter.net

Recruitment & Retention Assistance Application for communities is available at: <http://bhpr.hrsa.gov/nhsc//communities/resources.html>

NHSC Loan Repayment Program Applicant Information Bulletin: http://nhsc.bhpr.hrsa.gov/applications/lrp_04/

NHSC current Kansas Practice Opportunities List: http://nhsc.bhpr.hrsa.gov/jobs/search_form.cfm

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Local & Rural Health
NATIONAL HEALTH SERVICE CORPS
Health Professionals in Service June, 2004



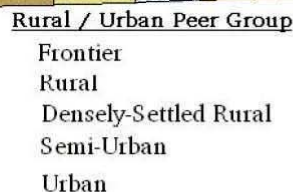
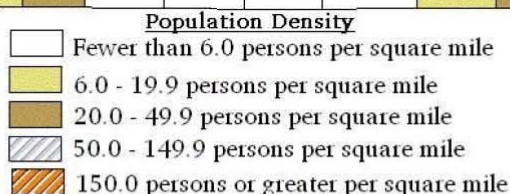
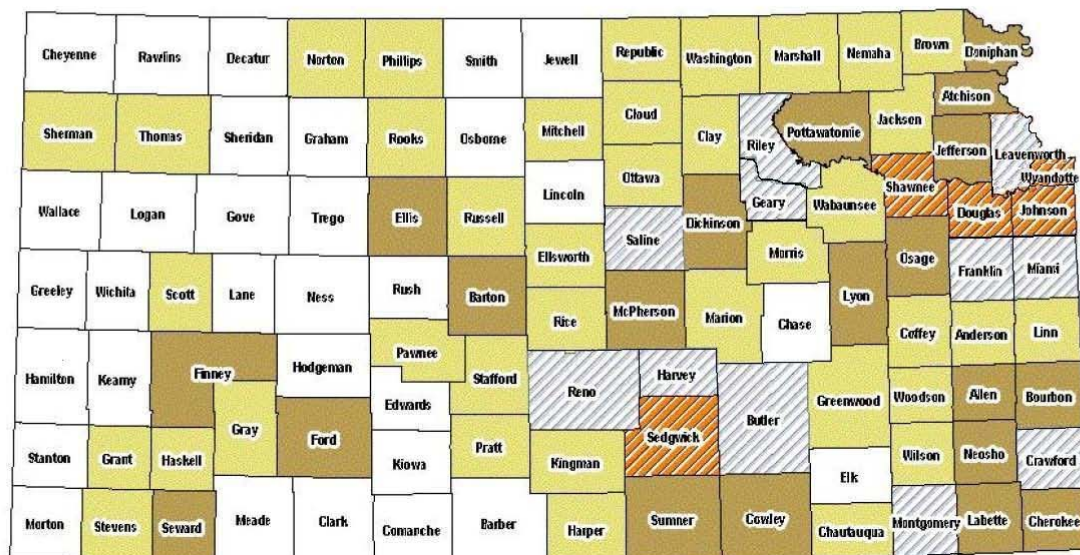
National Health Service Corps Members in Service in 2004

Total Number: 45



9	primary care physicians	11	PhD clinical psychologists
5	physician assistants	1	psychiatric nurse practitioner
2	dentists	2	marriage/family therapists
1	dental hygienist	11	clinical social workers
		3	psychiatrists

Kansas Rural Urban Peer Groupings by Population Density Peer Group



Peer Group	Population	Count	%
Urban	1,331,670	5	49.53%
Semi Urban	385,231	8	14.33%
Densely Settled Rural	581,461	23	21.63%
Rural	291,429	38	10.84%
Frontier	98,627	31	3.67%
Total State	2,688,418	105	100.00%

Population Density Peer Groups 2000 Census

Frontier	Rural	Densely-Settled Rural
Barber	Anderson	Allen
Chase	Brown	Atchison
Cheyenne	Chautauqua	Barton
Clark	Clay	Bourbon
Comanche	Cloud	Butler
Decatur	Coffey	Cherokee
Edwards	Ellsworth	Cowley
Elk	Grant	Dickinson
Gove	Gray	Doniphan
Graham	Greenwood	Ellis
Greeley	Harper	Finney
Hamilton	Haskell	Ford
Hodgeman	Jackson	Franklin
Jewell	Kingman	Jefferson
Keamy	Linn	Labette
Kiowa	Marion	Lyon
Lane	Marshall	McPherson
Lincoln	Mitchell	Miami
Logan	Morris	Neosho
Meade	Nemaha	Osage
Morton	Norton	Pottawatomie
Ness	Ottawa	Seward
Osborne	Pawnee	Sumner
Rawlins	Phillips	
Rush	Pratt	Semi-Urban
Sheridan	Republic	Crawford
Smith	Rice	Gear
Stanton	Rooks	Harvey
Wallace	Russell	Leavenworth
Wichita	Scott	Montgomery
	Sherman	Reno
	Stafford	Riley
	Stevens	Saline
	Thomas	
	Wabaunsee	Urban
	Washington	Douglas
	Wilson	Johnson
	Woodson	Sedgwick
		Shawnee
		Wyandotte

Pursuant to the authority provided to state governors in Section 6213(c) of the Omnibus Budget Reconciliation Act of 1989, the following list of counties is eligible for designation as Medically Underserved Areas for the purpose of developing Rural Health Clinics as defined in Public Law 95-210.

The Kansas Methodology for evaluation of physician supply is based upon the adoption of a medically underserved standard that is 45% below the optimal standard. The equivalent provider-to-population ratio is at or below 1 provider per 2,695 non-group quarters population.

In consideration of a reasonable minimum number for practice viability in frontier areas, the service area is considered underserved if there are fewer than 2 primary care providers available. In other words, the method is as follows:

- Population (adj) divided by (FTE-1) equals the provider-to-population ratio;
- 1 physician per 2,695 persons may also be expressed as 37.1 physicians/100,000 persons; and
- Fewer than 37.1 physicians/100,000 is considered underserved in rural Kansas.

The following list of counties meets the underserved area criteria using the 2003 physician survey data:

ALLEN	GRANT	LINCOLN	SMITH
CHASE	GRAY	LINN	STAFFORD
CHAUTAUQUA	HAMILTON	LOGAN	STEVENS
CHEROKEE	HARPER	MARION	SUMNER
CHEYENNE	HASKELL	MEADE	THOMAS
CLOUD	HODGEMAN	MIAMI	TREGO
COFFEY	JEFFERSON	OSAGE	WABAUNSEE
COMANCHE	JEWELL	OSBORNE	WALLACE
DONIPHAN	KEARNY	OTTAWA	WASHINGTON
EDWARDS	KINGMAN	RAWLINS	WOODSON
ELK	KIOWA	RICE	
ELLSWORTH	LANE	ROOKS	
FRANKLIN	LEAVENWORTH	SHERIDAN	

HEALTH PROFESSIONAL SHORTAGE AREAS: RECRUITMENT RESOURCES

Contact Information:

For information about the contents of the Kansas Medically Underserved Areas Report, contact

Barbara J. Gibson, Primary Care Office
Kansas Department of Health & Environment
Office of Local and Rural Health
Curtis State Office Building
1000 SW Jackson, Suite 340
Topeka KS 66612-1365
785 296-1200 (voice)
785 296-1231 (fax)
E-mail: bgibson@kdhe.state.ks.us
Web: <http://www.kdhe.state.ks.us/olrh/>

FOR INFORMATION ABOUT STUDENT LOANS AND SCHOLARSHIPS :

University of Kansas Medical Center Department of Student

Financial Aid, contact:

Student Center, Room 4003
3901 Rainbow Blvd
Kansas City, KS 66160
Phone: 913-588-5170
E-mail: financialaid@kumc.edu
Web: www.kumc.edu/student_center/financialaid.html

Kansas Osteopathic Medical Service Scholarship , contact:

Don Wimpelberg
Kansas Board of Regents
KS Medical Service Osteopathic Program
1000 SW Jackson St., Suite 520
Topeka KS 66612-1368
Phone: 785-296-3518
Web: www.kansasregents.com

National Health Service Corps

Contact the advisor for Kansas at the Recruitment Training and Support Center:

Toll free Phone and Fax: 1-866-897-7872

Email: CustomerService@NHSCSupportCenter.net

Application for communities:

<http://bhpr.hrsa.gov/nhsc//communities/resources.html>

Applicant Information Bulletin:

http://nhsc.bhpr.hrsa.gov/applications/lrp_04/

NHSC current Kansas Practice Opportunities List:

http://nhsc.bhpr.hrsa.gov/jobs/search_form.cfm

State Loan Repayment Program : federal grant funds are available through the Office of Local and Rural Health at 785-296-1200, contact: Barbara Huske

Kansas Department of Health & Environment
Office of Local and Rural Health
Curtis State Office Building
1000 SW Jackson, Suite 340
Topeka KS 66612-1365
785 296-1200 (voice)
785 296-1231 (fax)

Email: Bhuske@kdhe.state.ks.us

Web: <http://www.kdhe.state.ks.us/olrh/FundLoan.html#State%20Loan%20Repayment%20Program>

As we become aware of other grants, loan Repayment programs or scholarships, they will be listed on the KDHE Website at:

<http://www.kdhe.state.ks.us/olrh/FundLoan.html>

Kansas Bridging Plan

The Kansas Bridging Plan, a program of Rural Health Education and Services, is a loan program created to encourage physicians to practice in rural Kansas communities after completing their residency training. All residents in family practice, general internal medicine and general pediatrics residency programs in Kansas and approved by the Kansas State Board of Healing Arts are eligible for the loan program. Residents must have completed one year of post-graduate training in their primary-care specialty and be eligible for an unrestricted Kansas license to qualify for the plan.

A resident physician entering into a Kansas Bridging Plan Loan Agreement can receive \$5,000 for each year of residency training after the loan agreement is completed. The loan is forgiven when the loan requirements are met. The loan agreement requires a signed practice agreement to practice full-time beginning within 90 days after successful completion of the primary-care residency training program in a community located in any county in Kansas other than Douglas, Johnson, Sedgwick, Shawnee and Wyandotte.

Bridging Loan (assistance for physicians in primary care residency), contact:

Rural Health Education and Services

University of Kansas School of Medicine-Wichita

1010 N. Kansas

Wichita, Kansas 67214-3199

Phone (316) 293-2649

Toll-free: 1-888-503-4221

Fax: (316) 293-2671

Web: <http://ruralhealth.kumc.edu>

Kansas Recruitment Center

The purpose of the Kansas Recruitment Center (KRC) is to assist Kansas' rural communities in recruiting and retaining physicians and other health care providers. KRC works with hospitals, private physician practices, community health centers and other organizations that are recruiting physicians, nurses, physician assistants or other health care professionals. The KRC is also a health care career service for physicians, physician assistants, nurses, nurse practitioners and other allied health professionals. KRC assists candidates in finding a community and practice or career opportunity that meets their requirements.

For more information, contact Ellen Schulte at Rural Health Education and Services, 316- 293-3456 or 1-888-503-4221, or visit the web site at <http://ruralhealth.kumc.edu> Funding for the KRH comes in part from the Kansas Department of Health and Environment (Office of Local and Rural Health) with a grant for the Kansas Rural Health Options Project whose partners include KDHE, the Kansas Hospital Association, the Kansas Board Emergency Medical Services and the Kansas Medical Society.

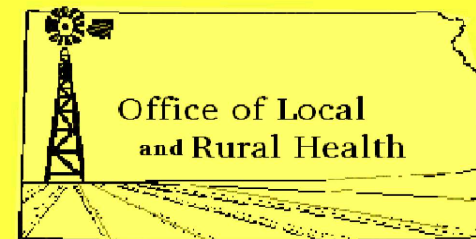
KATHLEEN SEBELIUS, GOVERNOR, STATE OF KANSAS

RODERICK L. BREMBY, SECRETARY, KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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Website: <http://www.kdhe.state.ks.us/olrh/>



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